

# Historical Program Registration

Please fill out form, save it, and email to [cabr\\_education@nps.gov](mailto:cabr_education@nps.gov)

**School Group Name \***

**Grade Level \***

**Group Leader Name \***

**Group Leader Phone Number\***

**Group Leader E-mail Address \***

This is where your confirmation will be sent.

**Number of Students \***

**Number of Adults\***

A ratio of 1 adult per 5 children is REQUIRED

**Mode of Transportation\***

If participating in tidepool program, buses must be available to transport students from tidepools

**Program \***

**Date of Visit (Preference #1) \***

Check appropriate calendar for Available Dates. Science Sampler Participants only schedule tidepool visit here.

MM DD YYYY

**Date of Visit (Preference #2) \***

MM DD YYYY

**Date of Visit (Preference #3)**

MM DD YYYY

**Time of Arrival \***

HOUR MINUTE

**Time of Departure \***

HOUR MINUTE

**Are you a title-1 school with free or reduced lunch? \***

If yes, you may be eligible to apply for a bus stipend.

Yes

No

**Additional Comments**